

County: Kenosha
WOODSTOCK HEALTH & REHAB CENTER
3415 N SHERIDAN RD

Facility ID: 9590

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KENOSHA 53140 Phone:(262) 657-6175
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 167
Total Licensed Bed Capacity (12/31/04): 167
Number of Residents on 12/31/04: 126

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 140

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		39.7
Supp. Home Care-Personal Care	No					1 - 4 Years		49.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	13.5	More Than 4 Years		11.1
Day Services	No	Mental Illness (Org./Psy)	18.3	65 - 74	14.3			----
Respite Care	Yes	Mental Illness (Other)	11.1	75 - 84	40.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	4.0	85 - 94	28.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.4	95 & Over	3.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.2		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	11.9	65 & Over	86.5	-----		
Transportation	No	Cerebrovascular	6.3		----	RNs		12.4
Referral Service	No	Diabetes	15.1	Gender	%	LPNs		6.7
Other Services	No	Respiratory	5.6		----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.5	Male	37.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	62.7			44.5
Provide Day Programming for			100.0		----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care		No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	22	100.0	322	2	2.2	143	1	33.3	149	0	0.0	0	0	0.0	0	0	0.0	0	0	25	19.8
Skilled Care	0	0.0	0	83	91.2	124	2	66.7	127	9	100.0	190	0	0.0	0	1	100.0	183	95	75.4	
Intermediate	---	---	---	6	6.6	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	4.8	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	22	100.0		91	100.0		3	100.0		9	100.0		0	0.0		1	100.0		126	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	9.9	Bathing	10.3	65.1	24.6	126
Private Home/With Home Health	0.0	Dressing	15.1	58.7	26.2	126
Other Nursing Homes	0.8	Transferring	33.3	47.6	19.0	126
Acute Care Hospitals	86.7	Toilet Use	25.4	43.7	31.0	126
Psych. Hosp.-MR/DD Facilities	0.0	Eating	77.0	7.9	15.1	126
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.5	Continence		%	Special Treatments	%
Total Number of Admissions	354	Indwelling Or External Catheter	6.3	Receiving Respiratory Care		12.7
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	60.3	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bowel	60.3	Receiving Suctioning		0.0
Private Home/With Home Health	31.0	Mobility		Receiving Ostomy Care		2.4
Other Nursing Homes	1.6	Physically Restrained	1.6	Receiving Tube Feeding		4.0
Acute Care Hospitals	49.2			Receiving Mechanically Altered Diets		31.7
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care		Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Pressure Sores	4.8	Have Advance Directives		61.9
Other Locations	4.3	With Rashes	0.8	Medications		
Deaths	13.9			Receiving Psychoactive Drugs		34.1
Total Number of Discharges (Including Deaths)	368					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.8	88.5	0.95	90.2	0.93	90.5	0.93	88.8	0.94
Current Residents from In-County	31.7	80.0	0.40	82.9	0.38	82.4	0.39	77.4	0.41
Admissions from In-County, Still Residing	4.5	17.8	0.25	19.7	0.23	20.0	0.23	19.4	0.23
Admissions/Average Daily Census	252.9	184.7	1.37	169.5	1.49	156.2	1.62	146.5	1.73
Discharges/Average Daily Census	262.9	188.6	1.39	170.5	1.54	158.4	1.66	148.0	1.78
Discharges To Private Residence/Average Daily Census	81.4	86.2	0.94	77.4	1.05	72.4	1.12	66.9	1.22
Residents Receiving Skilled Care	95.2	95.3	1.00	95.4	1.00	94.7	1.01	89.9	1.06
Residents Aged 65 and Older	86.5	92.4	0.94	91.4	0.95	91.8	0.94	87.9	0.98
Title 19 (Medicaid) Funded Residents	72.2	62.9	1.15	62.5	1.16	62.7	1.15	66.1	1.09
Private Pay Funded Residents	7.1	20.3	0.35	21.7	0.33	23.3	0.31	20.6	0.35
Developmentally Disabled Residents	0.8	0.9	0.89	0.9	0.84	1.1	0.71	6.0	0.13
Mentally Ill Residents	29.4	31.7	0.93	36.8	0.80	37.3	0.79	33.6	0.87
General Medical Service Residents	17.5	21.2	0.82	19.6	0.89	20.4	0.85	21.1	0.83
Impaired ADL (Mean)	45.6	48.6	0.94	48.8	0.93	48.8	0.93	49.4	0.92
Psychological Problems	34.1	56.4	0.61	57.5	0.59	59.4	0.57	57.7	0.59
Nursing Care Required (Mean)	7.0	6.7	1.05	6.7	1.05	6.9	1.02	7.4	0.95